



Ooltewah Adventist School

9209 Amos Road

Ooltewah, TN 37363

Phone: (423) 238-4449, (423) 238-5756 Fax: (423) 238-4577

Email: ooltewahsda@epbfi.com

Website: oaksonline.net

Authorization to Give Medication Form

Student's Name:

DOB:

Parent/Guardian:

Phone:

Allergies:

Medications must be in its original container. The school has the final decision-making authority with respect to the administration of medications and to reject requests for administering medications. Prior to administering any over the counter medications, including pain medication, the student or school representative will call home.

Medication List:

Medication Name & Strength	Dosage	Time(s) to Administer	Purpose of Medication	Possible Side Effects	Start/End Date

Date

Signature of Physician

Parent/Guardian Consent:

I, the parent/guardian of the above named child, authorize Ooltewah Adventist School to assist my child in taking his/her medication(s). I agree to release Ooltewah Adventist School and its personnel, who are directed by the school administrator to assist my child in taking the above named medication, from any legal claim now or in the future.

Date

Signature of Parent/Guardian